



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF CAMPAIGN FINANCE
WASHINGTON, D.C. 20003

REPORT OF RECEIPTS AND EXPENDITURES
FOR CANDIDATES, PRINCIPAL CAMPAIGN OR POLITICAL COMMITTEES,
POLITICAL ACTION COMMITTEES, INDEPENDENT EXPENDITURE COMMITTEES

SUMMARY PAGE

1. Full Name of Committee (Name of Candidate, if Candidate is reporting) Re-Elect Charles Allen for Ward 6	2. OCF Identification Number PCCCC6186898
Address 1530 D Street, NE	3. Is this report an Amendment? (Yes or No) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
City, State and Zip Code Washington, DC 20002	

4. TYPE OF REPORT: **October 10th Report**

This REPORT contains activity for: **General Election**

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period 8/11/2018 through 10/10/2018		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 20,175.97	
(c) Total Receipts [from Line (16)]	\$ 2,208.00	\$ 150,558.58
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 22,383.97	
7. Total Expenditures (from Line 22)	\$ 2,434.23	\$ 130,608.84
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 19,949.74	
9. Debts and Obligations Owed BY the Committee or the Candidate (itemize all on Schedule D)	\$ 0.00	\$ 0.00
10. (a) Loans Owed By the Committee to the Candidate (itemize all on Schedule E)	\$ 0.00	\$ 0.00
(b) Loans from other sources made to the Committee (itemize all on Schedule E-1)	\$ 0.00	\$ 0.00

CERTIFICATIONS/OATHS AND AFFIRMATIONS OF FILERS OF REPORTS OF RECEIPTS AND EXPENDITURES

(1) OATH OR AFFIRMATION OF CANDIDATE IF FILING

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY, THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE AND COMPLETE; AND I FURTHER SWEAR OR AFFIRM THAT I USED ALL REASONABLE DUE DILIGENCE TO ENSURE THAT I AND THE POLITICAL COMMITTEES AFFILIATED/AUTHORIZED BY MY CAMPAIGN ARE IN COMPLIANCE WITH THE REPORTING REQUIREMENTS OF THE DISTRICT OF COLUMBIA CAMPAIGN FINANCE ACT OF 2011, AND HAVE ADVISED ALL CONTRIBUTORS OF THE OBLIGATIONS IMPOSED ON CONTRIBUTORS BY THE CAMPAIGN FINANCE ACT.

TYPE OR PRINT FULL NAME OF CANDIDATE

SIGNATURE OF CANDIDATE

DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE _____ DAY _____ OF _____, 20

NOTARY PUBLIC

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

(2) OATH OR AFFIRMATION OF COMMITTEE TREASURER

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE, CORRECT AND COMPLETE.

Mr. Patrick Johnson

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

01/31/2020

SIGNATURE OF TREASURER

DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE _____ DAY _____ OF _____, 20

NOTARY PUBLIC

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

(3) OATH OR AFFIRMATION OF COMMITTEE TREASURER OF INDEPENDENT EXPENDITURE COMMITTEE

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE AND COMPLETE; AND I FURTHER SWEAR OR AFFIRM THAT THE COMMITTEE HAS MADE NO CONTRIBUTIONS OR TRANSFER OF FUNDS TO ANY PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL ACTION COMMITTEE.

TYPE OR PRINT FULL NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE _____ DAY _____ OF _____, 20

NOTARY PUBLIC

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

(4) OATH OR AFFIRMATION OF COMMITTEE TREASURER OF POLITICAL ACTION COMMITTEE

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE AND COMPLETE; AND I FURTHER SWEAR OR AFFIRM THAT THE CONTRIBUTIONS RECEIVED BY THE COMMITTEE AND THE EXPENDITURES MADE HAVE NOT BEEN CONTROLLED OR DIRECTED BY ANY PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL PARTY.

TYPE OR PRINT FULL NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE _____ DAY _____ OF _____, 20

NOTARY PUBLIC

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND EXPENDITURES
OCF Form 16, Page 2**

1. Full Name of Committee (Name of Candidate, if Candidate is reporting) Re-Elect Charles Allen for Ward 6	REPORT COVERING THE PERIOD FROM: 8/11/2018 TO: 10/10/2018	
I. RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B CUMULATIVE TO-DATE CUMULATIVE YEAR-TO-DATE
11. CONTRIBUTIONS (OTHER THAN LOANS) FROM:		
(a) Individuals/Organizations Other Than Political Committees (Schedule A)	\$ 2,208.00	\$ 149,821.58 11(a)
(b) Political Party Committees (Schedule A-1)	\$ 0.00	\$ 0.00 11(b)
(c) Political Committees Other than Pol. Comms. Authorized by the same Candidate (Schedule A-2)	\$ 0.00	\$ 0.00 11(c)
(d) The Candidate (Schedule A-3)	\$ 0.00	\$ 737.00 11(d)
(e) Transfers From Authorized Committees of the Candidate identified in this Report (Schedule A-4)	\$ 0.00	\$ 0.00 11(e)
(f) Itemized Monetary Contributions received in excess of \$10,000 from source not associated with the candidate or committee (Schedule A-7)	\$ 0.00	\$ 0.00 11(f)
(g) Total Contributions (Other than Loans) [add lines 11(a), (b), (c), (d), (e) and (f)]	\$ 2,208.00	\$ 150,558.58 11(g)
12. SALES AND COLLECTIONS (Schedule C)	\$ 0.00	\$ 0.00 12
13. LOANS		
(a) Loans owed By the Committee to the Candidate (Schedule E)	\$ 0.00	\$ 0.00 13(a)
(b) Loans from other source made to the Committee (Schedule E-1)	\$ 0.00	\$ 0.00 13(b)
(c) Total Loans [add Lines 13(a) and (b)]	\$ 0.00	\$ 0.00 13(c)
14. OTHER RECEIPTS (Dividends, Interest, etc.) (Schedule A-5)	\$ 0.00	\$ 0.00 14
15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)	\$ 0.00	\$ 0.00 15
16. TOTAL RECEIPTS [add Lines 11(g), 12, 13(c), 14 and 15]	\$ 2,208.00	\$ 150,558.58 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 2,434.23	\$ 127,798.84 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1)	\$ 0.00	\$ 0.00 18
19. LOAN REPAYMENTS:		
(a) Of Loans owed By the Committee to the Candidate (Schedule E)	\$ 0.00	\$ 0.00 19(a)
(b) Of Loans from other source made to the Committee (Schedule E-1)	\$ 0.00	\$ 0.00 19(b)
(c) Total Loan Repayments [add Lines 19(a) and 19(b)]	\$ 0.00	\$ 0.00 19(c)
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Organizations Other Than Political Committees (Schedule B-2)	\$ 0.00	\$ 2,300.00 20(a)
(b) Political Party Committees (Schedule B-3)	\$ 0.00	\$ 0.00 20(b)
(c) Other Political Committees and PACs (Schedule B-4)	\$ 0.00	\$ 0.00 20(c)
(d) Total Contribution Refunds [add Lines 20(a), (b), and (c)]	\$ 0.00	\$ 2,300.00 20(d)
21. OTHER EXPENDITURES		
(a) Independent Expenditures (Schedule B-5)	\$ 0.00	\$ 0.00 21(a)
(b) Offsets to Receipts (Schedule B-6)	\$ 0.00	\$ 510.00 21(b)
(c) Total Other Expenditures [add Lines 21(a), and 21(b)]	\$ 0.00	\$ 510.00 21(c)
22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]	\$ 2,434.23	\$ 130,608.84 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	20,175.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	2,208.00
25. SUBTOTAL (add Lines 23 and 24)	\$	22,383.97
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)	\$	2,434.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	\$	19,949.74

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Re-Elect Charles Allen for Ward 6

1. Full Name, Mailing Address and Zip Code Mark Barrett 328 K St SE, Washington, DC 20003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 08/28/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Engineer Name and Address of Employer MTSI 5285 Shawnee Rd Ste 400, Alexandria, VA 22312		
Aggregate Year-To-date			\$ 50.00
2. Full Name, Mailing Address and Zip Code Risa Hirao 1008 Pennsylvania Ave SE, Washington, DC 20003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 09/06/2018	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Pascal, Weiss & Hirao PC 1008 Pennsylvania Ave SE, Washington, DC 20003		
Aggregate Year-To-date			\$ 250.00
3. Full Name, Mailing Address and Zip Code Sara Imershein 3912 Harrison St NW, Washington, DC 20015	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 09/09/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Physician Name and Address of Employer Sara Imershein MD PLLC 3912 Harrison St NW, Washington, DC 20015		
Aggregate Year-To-date			\$ 350.00
4. Full Name, Mailing Address and Zip Code Tamika Auguste 9525 Nightsong Ln, Columbia, MD 21046	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 09/09/2018	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation OBGYN physician Name and Address of Employer MedStar Health 110 Irving St NW Ste 5b-18, Washington, DC 20010		
Aggregate Year-To-date			\$ 250.00
5. Full Name, Mailing Address and Zip Code Patricia Smith 738 Fontaine St, Alexandria, VA 22302	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 09/11/2018	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Physician Name and Address of Employer GW/Medical Faculty Associates Dept of OBGYN 2300 M St NW Ste 110, Washington, DC 20037		
Aggregate Year-To-date			\$ 250.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Re-Elect Charles Allen for Ward 6

6. Full Name, Mailing Address and Zip Code JH Bailes 644 E Capitol St NE, Washington, DC 20003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/04/2018	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Technician Name and Address of Employer Library of Congress 101 Independence Ave SE, Washington, DC 20003		
Aggregate Year-To-date			\$ 80.00
7. Full Name, Mailing Address and Zip Code Dane Cherry 614 A St SE, Washington, DC 20003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/04/2018	Amount of Each Receipt This Period \$ 15.00
Contributor Type Individual	Occupation Restaurant Owner Name and Address of Employer District Falafel Too, LLC 429 Lenfant Plz SW Ste 420, Washington, DC 20024		
Aggregate Year-To-date			\$ 40.00
8. Full Name, Mailing Address and Zip Code Vicki Lancaster 420 16th St SE Apt 210, Washington, DC 20003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/04/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Statistician Name and Address of Employer Virginia Tech 900 N Glebe Rd, Arlington, VA 22203		
Aggregate Year-To-date			\$ 150.00
9. Full Name, Mailing Address and Zip Code Elizabeth Hoopes 530 N St SW Apt 810, Washington, DC 20024	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/04/2018	Amount of Each Receipt This Period \$ 77.00
Contributor Type Individual	Occupation Director, Information Systems Name and Address of Employer The Real Estate Roundtable 801 Pennsylvania Ave NW Ste 720, Washington, DC 20004		
Aggregate Year-To-date			\$ 77.00
10. Full Name, Mailing Address and Zip Code John Manley 767 10th St SE, Washington, DC 20003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/04/2018	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Unemployed Name and Address of Employer Unemployed		

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Re-Elect Charles Allen for Ward 6

		Aggregate Year-To-date		\$ 10.00
11. Full Name, Mailing Address and Zip Code Mark Ugoretz 1000 Massachusetts Ave NE, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/04/2018	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Retired Name and Address of Employer Retired			
		Aggregate Year-To-date		\$ 400.00
12. Full Name, Mailing Address and Zip Code Meg Maguire 631 Maryland Ave NE, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/04/2018	Amount of Each Receipt This Period \$ 25.00	
Contributor Type Individual	Occupation Retired Name and Address of Employer Retired			
		Aggregate Year-To-date		\$ 25.00
13. Full Name, Mailing Address and Zip Code Matthew Campolongo 813 8th St NE Apt B, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/04/2018	Amount of Each Receipt This Period \$ 50.00	
Contributor Type Individual	Occupation UI Designer Name and Address of Employer Reingold 433 E Monroe Ave , Alexandria, VA 22301			
		Aggregate Year-To-date		\$ 150.00
14. Full Name, Mailing Address and Zip Code Sean Leonard 61 Pierce St NE Unit 555, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/04/2018	Amount of Each Receipt This Period \$ 15.00	
Contributor Type Individual	Occupation Digital Strategist Name and Address of Employer Middle Seat 1621 Connecticut Ave NW, Washington, DC 20009			
		Aggregate Year-To-date		\$ 15.00
15. Full Name, Mailing Address and Zip Code Wallace Mlyniec 227 8th St SE, Washington, DC 20003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/04/2018	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Professor Name and Address of Employer Georgetown Law Center 600 New Jersey Ave NW, Washington, DC 20001			

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Re-Elect Charles Allen for Ward 6

		Aggregate Year-To-date		\$ 300.00
16. Full Name, Mailing Address and Zip Code Noris Weiss Malvey 823 E St SE, Washington, DC 20003		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 10/04/2018 Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual		Occupation Fundraiser Name and Address of Employer Self-Employed 823 E St SE, Washington, DC 20003		
		Aggregate Year-To-date		\$ 25.00
17. Full Name, Mailing Address and Zip Code Christopher Jamieson 819 Capitol Square Pl SW, Washington, DC 20024		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 10/04/2018 Amount of Each Receipt This Period \$ 15.00
Contributor Type Individual		Occupation Engineer Name and Address of Employer United States Navy 391 Brookley Ave SW, Washington, DC 20373		
		Aggregate Year-To-date		\$ 40.00
18. Full Name, Mailing Address and Zip Code Neha Misra 1545 18th St NW Unit 809, Washington, DC 20036		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 10/04/2018 Amount of Each Receipt This Period \$ 11.00
Contributor Type Individual		Occupation Attorney Name and Address of Employer Solidarity Center 1130 Connecticut Ave NW, Washington, DC 20036		
		Aggregate Year-To-date		\$ 11.00
19. Full Name, Mailing Address and Zip Code Mike Soderman 217 19th St NE, Washington, DC 20002		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 10/04/2018 Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual		Occupation Associate Vice President Name and Address of Employer CRTKL 2101 L St NW, Washington, DC 20037		
		Aggregate Year-To-date		\$ 500.00
20. Full Name, Mailing Address and Zip Code Rita Collins 645 Q St NW, Washington, DC 20001		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 10/04/2018 Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual		Occupation Registered Nurse Name and Address of Employer MedStar Washington Hospital Center 110 Irving St NW, Washington, DC 20010		

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Re-Elect Charles Allen for Ward 6

		Aggregate Year-To-date		\$ 35.00
21. Full Name, Mailing Address and Zip Code Harry Martin 226 5th St SE Apt 202, Washington, DC 20003		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 10/04/2018 Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual		Occupation Architect Name and Address of Employer Harry Martin Architect 226 5th St SE Apt 202, Washington, DC 20003		
		Aggregate Year-To-date		\$ 50.00
22. Full Name, Mailing Address and Zip Code James L. Bullock 319 E St SE, Washington, DC 20003		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 10/04/2018 Amount of Each Receipt This Period \$ 15.00
Contributor Type Individual		Occupation FSO annuitant (part time) Name and Address of Employer U.S. Department of State 2201 C Street, NW, Washington, DC 20037		
		Aggregate Year-To-date		\$ 40.00
23. Full Name, Mailing Address and Zip Code Andrew Otey 409 E St SE Apt 301, Washington, DC 20003		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 10/05/2018 Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual		Occupation Technology Consultant Name and Address of Employer AKQA 3299 K St NW Fl 5, Washington, DC 20007		
		Aggregate Year-To-date		\$ 25.00
24. Full Name, Mailing Address and Zip Code John Mann Mann 1000 New Jersey Ave SE Apt 329, Washington, DC 20003		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 10/05/2018 Amount of Each Receipt This Period \$ 5.00
Contributor Type Individual		Occupation Urban Planner Name and Address of Employer United States Navy 100 Defense Pentagon, Washington, DC 20301		
		Aggregate Year-To-date		\$ 15.00
25. Full Name, Mailing Address and Zip Code Caren Benjamin 216 5th St SE, Washington, DC 20003		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 10/05/2018 Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual		Occupation Chief Communications Officer Name and Address of Employer Polaris 216 5th St SE, Washington, DC 20003		

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Re-Elect Charles Allen for Ward 6

	Aggregate Year-To-date		\$ 100.00
26. Full Name, Mailing Address and Zip Code Colter Carambio 510 D St NE, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/05/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Sales Name and Address of Employer Fasoo Inc 7315 Wisconsin Ave Ste 420, Bethesda, MD 20814		
	Aggregate Year-To-date		\$ 100.00
TOTAL This Period (Aggregate of all Receipt pages)			\$ 2,208.00

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FULL Name of Committee (Name of Candidate, if Candidate is reporting)

Re-Elect Charles Allen for Ward 6

1. Full Name, Mailing Address and Zip Code NationBuilder 520 S Grand Ave Fl 2 Ste 200, Los Angeles, CA 90071	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 08/21/2018	Amount of Each Expenditure This Period \$ 439.00
Occupation	Name and Address of Employer		
2. Full Name, Mailing Address and Zip Code The Hill is Home 300 C St NE, Washington, DC 20002	Purpose of Expenditure Advertising	Date (month, day, year) 08/31/2018	Amount of Each Expenditure This Period \$ 200.00
Occupation	Name and Address of Employer		
3. Full Name, Mailing Address and Zip Code Google Inc. 1600 Amphitheatre Pkwy, Mountain View, CA 94043	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 09/04/2018	Amount of Each Expenditure This Period \$ 21.00
Occupation	Name and Address of Employer		
4. Full Name, Mailing Address and Zip Code Adobe Systems International 29322 Network Pl, Chicago, IL 60673	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 09/05/2018	Amount of Each Expenditure This Period \$ 33.38
Occupation	Name and Address of Employer		
5. Full Name, Mailing Address and Zip Code Charles Allen 1530 D St NE, Washington, DC 20002	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 09/16/2018	Amount of Each Expenditure This Period \$ 121.75
Occupation DC Council Member	Name and Address of Employer Council of the District of Columbia 1350 Pennsylvania Ave NW Ste 110, Washington, DC 20004		
6. Full Name, Mailing Address and Zip Code Charles Allen 1530 D St NE, Washington, DC 20002	Purpose of Expenditure Equipment Purchases	Date (month, day, year) 09/16/2018	Amount of Each Expenditure This Period \$ 354.48
Occupation DC Council Member	Name and Address of Employer Council of the District of Columbia 1350 Pennsylvania Ave NW Ste 110, Washington, DC 20004		

7. Full Name, Mailing Address and Zip Code NationBuilder 520 S Grand Ave Fl 2 Ste 200, Los Angeles, CA 90071	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 09/21/2018	Amount of Each Expenditure This Period \$ 439.00
Occupation	Name and Address of Employer		
8. Full Name, Mailing Address and Zip Code Amazon 410 Terry Avenue North, Seattle, WA 98109	Purpose of Expenditure Equipment Purchases	Date (month, day, year) 09/27/2018	Amount of Each Expenditure This Period \$ 168.43
Occupation	Name and Address of Employer		
9. Full Name, Mailing Address and Zip Code Google Inc. 1600 Amphitheatre Pkwy, Mountain View, CA 94043	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 10/02/2018	Amount of Each Expenditure This Period \$ 21.00
Occupation	Name and Address of Employer		
10. Full Name, Mailing Address and Zip Code Laura Marks 634 D St NE, Washington, DC 20002	Purpose of Expenditure Postage	Date (month, day, year) 10/09/2018	Amount of Each Expenditure This Period \$ 100.00
Occupation Chief of Staff	Name and Address of Employer Council of the District of Columbia - Charles Allen 1350 Pennsylvania Ave NW, Washington, DC 20004		
11. Full Name, Mailing Address and Zip Code Laura Marks 634 D St NE, Washington, DC 20002	Purpose of Expenditure Campaign Materials	Date (month, day, year) 10/09/2018	Amount of Each Expenditure This Period \$ 414.99
Occupation Chief of Staff	Name and Address of Employer Council of the District of Columbia - Charles Allen 1350 Pennsylvania Ave NW, Washington, DC 20004		
12. Full Name, Mailing Address and Zip Code Adobe Systems International 29322 Network Pl, Chicago, IL 60673	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 10/09/2018	Amount of Each Expenditure This Period \$ 33.30
Occupation	Name and Address of Employer		
13. Full Name, Mailing Address and Zip Code Democracy Engine 2125 14th St NW #101W , Washington, DC 20009	Purpose of Expenditure Bank Fees	Date (month, day, year) 10/10/2018	Amount of Each Expenditure This Period \$ 87.90
Occupation	Name and Address of Employer		
TOTAL This Period (Aggregate of all expenditure pages)			\$ 2,434.23